

Foster Family Home - Corrective Action Report

Provider ID: 1-120016

Home Name: Wilhelmina Botelho, CNA

Review ID: 1-120016-9

94-570 Niulii Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/19/2020

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with all items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- HHM#1 and HHM#2 were without evidence of having been trained on CCFFH confidentiality policies and procedures and client privacy rights.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- CG#1's TB clearance expired on 3/1/2020; CG#3's expired on 5/9/2020; HHM#1's expired on 10/10/2020 and HHM#2's expired on 7/29/2020.

3 Person Fire Safety, Natural Disaster	3 Person Fire Safety	(3P) Fire
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(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(6) Fire shall include all SCGs at least once per year

(3P)(e)(3) Fire A fire alarm system shall be installed. An approved National Fire Protection Association (NFPA) 72 household smoke alarm system shall be installed in accordance with one and two family building codes; and

Comment:

(3P)(b)(1), (b)(4), (b)(6)Fire- No completed monthly fire drill since 1/1/2020 thru 10/31/2020.

2 smoke detectors located in Client #3's and CG#1's bedrooms ceilings were non-functioning when tested during CCFFH inspection.

(3P)(e)(3)Fire- No smoke detectors seen in upstairs part of the CCFFH.

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Foster Family Home

Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(2)- No grab bars near the toilet for clients to hold onto in the clients bathroom.

49.(c)(3)- Noted lots of clutter in CCFFH's upstairs section of the home such as clothes strewn/piled up on the floor and on the outside stairs near the kitchen were obstructed with large cans(unopened), piles of dirty clothes etc., the stove was very dirty, used/dirty dishes were piled up inside the kitchen sink, multiple household goods were piled up in the living rooms, halls, and kitchen obstructing a clear pathway in the event of an emergency evacuation and or fire; windows/window sills in/outside of the CCFFH were dirty/dusty including in all clients' bedrooms.

Foster Family Home

Quality Assurance

[11-800-50]

50.(b) Adverse events shall be reported

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(b)- Per CG#1's documentation dated 5/15/2020 in Client #1's progress/observation notes, client sustained a [REDACTED] no documentation if and when CG#1 reported to MD and CMA RN; also no Adverse Event form completed.

50.(e)- No intercom/gate buzzer noted as CCFFH's gate had a "BEWARE OF DOG" sign.

Foster Family Home

Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

53.(b)(1) Be fully informed, prior to or at the time of admission, of these rights and of all rules governing the client's conduct in the home. There shall be documentation signed by the client or the client's legal representative that this procedure has been carried out;

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

53.(b)(16) Shall not have dietary restrictions used as punishment; and

Comment:

53.(a), (b)(1)- No completed Admission Policy and Agreement for Client #1, Client #2, and Client #3 upon admission to CCFFH.

53.(b)(9)- Client #1 had on a hospital gown; Service Plan did not specify client should have on or can use a hospital gown instead of own clothing.

53.(b)(16)- Noted clients' refrigerator/freezer locked with a padlock. Under the My Choice My Way, clients have to be able to have access to food/beverage whenever they want.

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Foster Family Home

Records

[11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(a)(1)- Evacuation/Emergency Map incomplete as the upstairs part of the CCFFH was not included.

54.(c)(2)- Client #1 and Client #2's Service Plan dated 10/13/2020 were without signatures of clients/POAs, doctors, and caregivers.

Maribel Nakamine, MSW
Compliance Manager

Wilfer
Primary Care Giver

11/19/2020
Date

11/19/2020
Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800

PCG's Name on CCFFH Certificate: Wilhelmina Botelho

(PLEASE PRINT)

CCFFH Address: 94-570 Niulii St., Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken -- How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy -- How will you prevent each violation from happening again in the future?
16.(b) (5)	HHM#1 and HHM2 was trained on confidentiality and signed the form. Home place the form in the administrative binder.	12/14/20	In the future, all new caregivers and household members will receive this training within 1 to 2 days of being added to the home. Home will list a check list to keep track of all documents.
41.(f) (1)	CG#1's TB clearance was obtained. It was placed into home record. CG#3's, TB clearance was obtained. It was placed into home record, HHM#1's TB clearance was obtained. It was placed into home record, HHM#2's TB clearance was obtained it was placed into home record.	12/11/20 12/04/20 12/12/20 12/17/20	Home will use a spreadsheet on laptop to identify when requirements are due 2 months before they expire to allow time to get them done before they are due.
(3P)(b) (1)	Can not go back to do the fire drill months has been passed but did the November fire drill.	11/29/10	Home must insure that a monthly fire drill is done. Home will keep track of monthly fire drill by assigning each caregiver a schedule and check binder monthly
(3P)(b) (4)	Home replaced the battery on the smoke detectors.	11/25/20	Home will make sure to check smoke detectors are working. Home will test smoke detectors weekly to make sure they are working properly.

☒ All items that were fixed are attached to this CAP

PCG's Signature: Wilhelmina Botelho

Date: 1/29/2021

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)
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Chapter 11-800

PCG's Name on CCFFH Certificate: Wilhelmina Botelho

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CCFFH Address: 94-570 Niulii St., Waipahu, HI 96797

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
(3P)(b)(6)	Fire drill was done by CG#1, form has been put into home binder.	11/29/20	Fire drill will be done by each caregiver at least once a year. Home has placed a calendar & marked a schedule & posted it on the refrigerator.
(3P)(e)(3)	Smoke detectors are installed upstairs.	12/08/20	CG#1, CG#2, CG#3 and HHM1 & HHM#2 has to test it monthly to make sure it is working properly as part of the fire drill.
49.(a)(2)	Purchased a portable commode with grab bars, was suggested by ace medical supply company.	12/15/20	Portable grab bars is placed onto the toilet, home will make sure that grab bars are properly installed for clients safety.
49.(c)(3)	All clutters in the upstairs section of the home has been put away including all those canned foods as to not obstruct the way.	12/20/20	Home will make sure that no items will blocked or obstruct pathways to insure a clean pathway in the event of emergency or evacuation for fire. Home will maintain the cleanliness of the entire home.
50.(e)	HHM#1 and HHM#2 was trained on confidentiality and signed the form. Home place the form in the administrative binder home record.	12/17/20	Home will make sure that the buzzer is in placed and functioning at all times. Home will be notified by that buzzer that i have a visitor.

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PCG's Signature: Nilftr

Date: 1/29/2021

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CTA RN Compliance Manager: Maribel Nakamine

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Chapter 11-800

PCG's Name on CCFFH Certificate: Wilhelmina Botelho

(PLEASE PRINT)

CCFFH Address: 94-570 Niulii St., Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
50.(b)	No adverse event done cannot be corrected. PCG will always document adverse events and reports to MD and CMA.	12/09/20	Home will make sure to report all adverse events. Home will make sure to always document any adverse events or observation for all clients.

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Date: 1/29/2021

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CTA RN Compliance Manager: Maribel Nakamine

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Chapter 11-800

PCG's Name on CCFFH Certificate: Wilhelmina Botelho

(PLEASE PRINT)

CCFFH Address: 94-570 Niulii St., Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
53 (a) (b)(1)	Client #1, and Client #2's, legal representative has been fully informed of the Policies and Procedures, he signed. I gave a copy to the legal representative to keep, another copy it is now in the binder and available to the public when requested. Client #3 has been fully informed also of the Policies & Procedures, he signed, i gave a copy for him to keep, another copy it is now in the binder and available to the public when requested.	12/18/20 01/11/21	Caregiver will creat a check list prior to each clients admission of what needs to be reviewed prior to admitting the clients. Home will make sure clients must be fully informed, prior to or at the time of admission of these rights and of all rules governing the client's conduct in the home. Clients legal representative has to sign that this procedures has been carried out.
53.(b) (9)	When we went to see the Dr. of Client #1 Dr. approved for him to wear a hospital gown	12/08/20	When caregiver #1 took client #1 to see the Dr., Dr. approved to wear hospital gown. Client #1 will be treated with dignity & respect. Home will address with proper documentation.
53.(b) (16)	Clients refrigerator/freezer padlock was removed	11/23/20	Caregiver #1 will make sure clients will have access to food & beverage whenever they want

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CCFFH Address: 94-570 Niulii St., Waipahu, HI 96797

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Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(a) (1)	Made a revised Evacuation/ Emergency Map that includes the other side of the house.	12/15/20	Home will make sure that a complete evacuation emergency map must include the other side of the house.
54.(c) (2)	Signatures of service plan has been obtained for Client #1 and Client #2	12/16/20	Home will make sure that all documents are signed; home will create a check list on what documents are needed to be reviewed and put in the CCFFH binder

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PCG's Signature: Wilhelmina Botelho

Date: 1/29/2021

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